EXPRESSIVAL CERTIFICATE

Date 15 03 Label No. EV 3 0 6 6 2 8 0 0 4 PLEAS

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100

A.Stantul
Name (Print)

A. Stantul
Signature

Customer No.: 07278

Docket No.: 04504/100M693-US2

In re Application of:

Samuel P. SAWAN, et al.

Serial No.: 09/617,566

Art Unit: 1616

Confirmation No.: 8355

Filed:

July 17, 2000

Examiner: Neil S. Levy

For:

CONTACT-KILLING ANTIMICROBIAL DEVICES

AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims remaining after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	19	- 25 =	0	\$18	\$0.00
Independent	3	- 2 =	1	\$84	\$0.00
Multiple Dependent					\$
		<u>.</u>			

Total additional fee for this amendment

\$0.00

[] Small Entity REDUCTION (Half of preceding total)

\$0.00

[X] No additional fee is required.

[X] Claims 1-24, 34, 39-49 have been cancelled.

[] A check in the amount of \$0.00 is attached.

[X] Please charge any additional fees up to \$500.00 or credit overpayment to Deposit Account No. 04-0100. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: September 5, 2003

Bert J. Leyven Reg. No. 19,407

Attorney for Applicants

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